

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Additional Remedies: Describe the criteria (as required at §1919(h)(2)(A)) for applying the additional remedy. Include the enforcement category in which the remedy will be imposed (i.e., category 1, category 2, or category 3 as described at 42 CFR 488.408).

N/A

STATE <u>Louisiana</u>	SEP 12 1995	A
DATE REC'D	OCT 19 1995	
DATE APP'D	JUL 1 1995	
DATE EFF	<u>95-17</u>	
HCFA 179		

TN No. 95-17
Supersedes
TN No. 90-15

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Effective Date: JUL 1 1995